

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047218

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1942

STATE FILE NUMBER

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Poplar Bluff

Length of stay in 1b

51 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Poplar Bluff

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Butler

admission)

c. CITY

OR
TOWN

Poplar Bluff

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Rural Route # 3.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

OTTO

Middle

J.

Last

SCHALK

4. DATE OF DEATH

Month

Dec.

Day

4,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2/1/1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

10 3

IF UNDER 24 HR

Hours Min.

10 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer, retired.

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Posey, Indiana

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George Schalk

13b. MOTHER'S MAIDEN NAME

Mary Apple

14. NAME OF HUSBAND OR WIFE

Minnie Schalk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Mrs. Minnie Schalk, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition shown in PART I (a)

Obstruction Common Bile Duct. Surgery 2/1/63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 29 Nov 63 to 4 Dec 63 and last saw him alive on 4 Dec 63

Death occurred at 3:20 P. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

12/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/6/1963

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

12/13/1963

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0128

2 0120

3

4 0

5 1

6

7 1

8 2

9 331

10

11

12 4-0

13 1-0

AUG 18 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles E. Mungle

Licensed Embalmer No.

4877

P. O. Address

Pearl Bluff MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.